



PUBLIC EMPLOYMENT RELATIONS COMMISSION
 Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY
 Mail: P.O. BOX 40919 OLYMPIA, WASHINGTON 98504-0919
 (360) 753-3444

DO NOT WRITE IN THIS SPACE

**PETITION FOR INVESTIGATION OF
 QUESTION CONCERNING REPRESENTATION**

[] Amended Petition in Case -E-

Instructions: See other side of this form.

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

RECEIVED OLYMPIA, WA AUG 11 2004 PUBLIC EMPLOYMENT RELATIONS COMMISSION

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

1. EMPLOYER Skagit County

CONTACT PERSON Billie Kadrmas
 ADDRESS 700 South Second Room 101
 CITY/STATE Mount Vernon, WA ZIP 98273
 TELEPHONE (360) 336-9479 EXT. FAX (360) 336-9424

ATTORNEY or
 REPRESENTATIVE
 ADDRESS
 CITY/STATE ZIP
 TELEPHONE (.....) EXT. (.....) FAX (.....)

2. PETITIONER International Federation of Professional and Technical Engineers, Local 17

CONTACT PERSON Adrienne Thompson
 ADDRESS 2900 Eastlake Ave E #300
 CITY/STATE Seattle, WA ZIP 98102
 TELEPHONE (206) 328-7321 EXT. 115 FAX (206) 328-7402

ATTORNEY or
 REPRESENTATIVE
 ADDRESS
 CITY/STATE ZIP
 TELEPHONE (.....) EXT. (.....) FAX (.....)

3. INCUMBENT BARGAINING REPRESENTATIVE Indicate:

- ☒ The employees involved are not currently represented for bargaining; or
 [] The employees involved are currently represented by:

ORGANIZATION

CONTACT PERSON
 ADDRESS
 CITY/STATE ZIP
 TELEPHONE (.....) EXT. (.....) FAX (.....)

ATTORNEY or
 REPRESENTATIVE
 ADDRESS
 CITY/STATE ZIP
 TELEPHONE (.....) EXT. (.....) FAX (.....)

4. COLLECTIVE BARGAINING AGREEMENT Indicate:

- ☒ There has never been an agreement covering the employees involved; or
 [] A copy of the current (or most recent) agreement is attached.

5. SHOWING OF INTEREST A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the support of 30% or more of the employees in the bargaining unit.

6. BARGAINING UNIT

a. EMPLOYER'S PRINCIPAL BUSINESS

County Government

b. DEPARTMENT OR DIVISION INVOLVED

Planning and Permit Center

c. DESCRIPTION OF BARGAINING UNIT Indicate inclusions/exclusions, contract page or case/decision number:

Includes: Employees in Planning Division
Assist Planners, Associate Planners,
Senior Planners, Environmental
Health Specialist

Excludes: Employees in Permit Division

d. NUMBER OF EMPLOYEES IN BARGAINING UNIT 14

7. DESIGNATION OF REQUEST Indicate:

- ☒ **RECOGNITION REQUEST.** The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.
- [] **CHANGE OF REPRESENTATIVE.** The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.
- [] **DECERTIFICATION.** The employees in the bargaining unit no longer desire to be represented by any employee organization.
- [] **EMPLOYER PETITION - DEMAND FOR RECOGNITION.** The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.
- [] **EMPLOYER PETITION - INCUMBENCY QUESTIONED.** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.

8. OTHER RELEVANT FACTS Indicate, if applicable:

- [] Additional information is set forth on separate sheets attached to this petition form.

9. AUTHORIZED SIGNATURE FOR PETITIONER

NAME (PRINT) Adrienne Thompson

SIGNATURE Adrienne Thompson

TITLE Union Representative DATE 8/9/04